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|---|----------------------------|--|----------------------------|
| <b>POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b>   |                            | <b>Application Number</b> 10/719,547<br><b>Filing Date</b> November 21, 2003<br><b>First Named Inventor</b> Stephen S. Whitehead<br><b>Title</b> DEVELOPMENT OF MUTATIONS<br>USEFUL FOR ATTENUATING DENGUE<br><b>Art Unit</b><br><b>Examiner Name</b><br><b>Attorney Docket No.</b> 84405(47992) |                            |
| I hereby revoke all previous powers of attorney given in the above-identified application.  |                            |  |                            |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br>OR<br><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: |                            | 46037  |                            |
| OR<br><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:   |                            |  |                            |
| <b>Practitioner(s) Name</b>   | <b>Registration Number</b> | <b>Practitioner(s) Name</b>  | <b>Registration Number</b> |
|   |                            |  |                            |
| Please recognize or change the correspondence address for the above-identified application to:  |                            |  |                            |
| <input type="checkbox"/> The address associated with the above-mentioned Customer Number:<br>OR<br><input checked="" type="checkbox"/> The address associated with Customer Number:   |                            | 46037  |                            |
| OR<br><input checked="" type="checkbox"/> Firm or Individual Name   |                            | Peter F. Corless<br>EDWARDS ANGELL PALMER & DODGE LLP  |                            |
| Address P.O. Box 55874  |                            |  |                            |
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| I am the:   |                            |  |                            |
| <input type="checkbox"/> Applicant/Inventor.<br>OR<br><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____   |                            |  |                            |
| <b>SIGNATURE of Applicant or Assignee of Record</b>   |                            |  |                            |
| Signature   | /Peter F. Corless/         | Date   | September 11, 2009         |
| Name  | Peter F. Corless           | Telephone  | (617) 517-5557             |
| Title and Company   | Attorney for Assignee      |  |                            |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |                            |  |                            |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.   |                            |  |                            |